December 10, 2018

Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: Docket 18-336
Implementation of the National Suicide Hotline Improvement Act of 2018

Dear Commissioners:

It is estimated that more than 16 million psychiatric emergency calls per year are made to the nation's network of 165 crisis call centers. Approximately 5% of these calls are answered by the Veteran's Crisis Line. Another 10% have called 1-800-273-TALK and are routed by the National Suicide Prevention Lifeline. The majority have called one of hundreds of local, county and state crisis lines, like 1-800-715-4225, the Georgia Crisis & Access Line.

An unknown number of individuals with a mental health, addiction or suicidal crisis and/or their family members don't know their local crisis hotline or the national ten-digit number. These are desperate situations and can be frightening to both the person in crisis and their loved ones. Seeking help quickly, they find a way to the nearest hospital Emergency Department or call the numbers they know, like 9-1-1.

Tragically, the US still doesn't have a 9-1-1 for the brain.

This legislation provides a pathway for an important first step: *utilize 6-1-1 as a simple to remember and immediate response by trained and caring mental health and addiction crisis experts*. Deploy the already existing infrastructure in the National Suicide Prevention Lifeline network of crisis centers and coordinated through SAMHSA contractor Vibrant Emotional Health.

A vital next step is to adequately fund the National Suicide Prevention Lifeline. Over the past several years, the Veteran's Administration has provided the resources necessary to support callers who press 1 after calling the National Suicide Prevention Lifeline. These 700,000 calls are routed to more than 1,000 VA staff across three national call centers on the Veteran's Crisis Line (VCL), with annual support of $90 million. This funding assures a timely and consistent service akin to 9-1-1.

However, apart from some administrative overhead for Vibrant Emotional Health to coordinate the network and funding for the telephony charges, there is no material federal funding for the crisis centers who manage non-VCL calls to the National Suicide Prevention Lifeline. This means that local, county and state crisis lines must leverage unused capacity and/or volunteer support. The heroic efforts of these centers have made the difference in the lives of millions of people, but this is an unsustainable model.

And, while a more humane and clinically appropriate response is warranted, there are also immense cost savings. Dr. Sandra Schneider, a past President of the American College of Emergency Physicians (ACEP), reported that a recent survey of hospitals found that 20% were currently holding a person who had been in the emergency department for more than five days. We evaluated the impact of the Crisis Now model in Maricopa County, Arizona (greater Phoenix) and concluded that a staggering 45 years of "psychiatric boarding" (awaiting

referral in a hospital emergency department) was eliminated. Also, the equivalent of 37 law enforcement officers were engaged in public safety as opposed to mental health transportation and security.

Achieving these kinds of results cannot be obtained simply by a 6-1-1 for mental health, addiction and suicidal crises. A full continuum approach must be deployed, which includes an "air traffic control" functioning crisis call center hub, mobile crisis that dispatches immediately to the person (and doesn't direct them to a hospital emergency department unless a specific medical condition requires it) and crisis facility services.

Therefore, the third important step should be for every state to follow the recommendations in the November 13, 2018 CMS Letter to State Medicaid Directors regarding an assessment of their crisis continuum and a plan to build out key capacity, with a focus on crisis stabilization programs (which generally include intermediate services like a 24/7 outpatient walk-in lobby, 23-hour temporary observation and 2 to 4 day length of stay sub-acute crisis beds).

I recently visited a metro 9-1-1 that receives 2 million calls per year. They loved the idea of a 6-1-1 for mental health, but only if it provided a substantial and meaningful response. We've heard the same feedback from hospital providers. **It's time for behavioral health to take the lead and a 6-1-1 crisis hotline, with adequate funding for success and with a continuum of crisis service options to meet both intermediate and acute needs.**

Together, we led the development of the Zero Suicide in Healthcare and Crisis Now models in partnership with the National Action Alliance for Suicide Prevention because far too many lives are needlessly lost each year in the US, to suicide and to alcohol-related and opioid deaths. Families are in unspeakable pain. Our detention in hospital emergency departments and jailing people with mental health challenges because of a lack of accessible and professional crisis systems is simply shameful.

And, this is one of the rare times we encounter a win/win/win scenario. AHCCCS Director Tom Betlach has reported that Arizona's Medicaid program invests $100 million in Maricopa County alone for a full crisis continuum service, creating an estimated cost savings of $260 million. Local hospitals would experience additional expenses of $37 million in the absence of these intermediate Crisis Now supports.

The National Association of State Mental Health Program Directors (NASMHPD) leads a website http://crisisnow.com to promote the development of these vital services and programs operated in a system. Working together with the FCC, the National Suicide Prevention Lifeline, 9-1-1 and other key first responder, hospital and community providers, we can transform crisis services. Change is within our reach!

Sincerely,

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NYS Commissioner of Mental Health (2007-2012)
Co-Founder, Zero Suicide and Crisis Now initiatives
Chair, President's New Freedom Commission on Mental Health
OH & CT Director of Dept. of Mental Health (1987-2007)
BH Representative, Joint Commission (2007-2015)
ExComm, National Action Alliance for Suicide Prevention
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